



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention
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Dear Colleague:

We are pleased to release to you the enclosed Prevention Works fact sheets highlighting selected results from CDC's Prevention Research Centers (PRC) network--a consortium of 23 academic research centers that constitutes CDC's largest investment in extramural research. Each fact sheet highlights one activity at each of the distinguished institutions; however, at any one time, each Center is engaged in dozens of research projects.

Taken collectively, these fact sheets reveal the scope, focus, and diversity of research undertaken by the PRC network. The program has affected the health and quality of life of people in rural Alabama, in an industrialized area of Michigan, on the Arizona-Mexico border, among Korean American women on the West Coast, and among American Indian elders in the Southwest. Projects have improved the lives of uninsured children and adults, marginalized youths, older adults, and some of the most economically disadvantaged people in Appalachia and the Ozarks as well as urban areas of some of the largest U.S. cities.

What ties together all this diversity is a commitment to gaining knowledge about the best methodologies for solving the nation's obstinate health problems--those that waste human lives and precious resources. The Prevention Research Centers use scientific principles to design, test, put into place, and evaluate strategies, and to share with other researchers the practices, programs, and curricula that show the most promise for solving health issues. Often, these programs train local residents as health workers or peer advisors and thereby build capacity that outlasts any one endeavor.

The Prevention Research Centers Program is unique in forging multiple partnerships between academic research centers and local communities, and among agencies, associations, and coalitions interested in health, education, and related social services. By collaborating, the centers in the PRC network can attain health improvements they could not achieve along.

Please contact any of the researchers named on these fact sheets, or CDC, if you would like to support this research, learn more about it, or share in its results.

Sincerely yours,

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National Center for Chronic Disease Prevention
and Health Promotion

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Associate Director for Health Promotion
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residents of rural Alabama

Reduce Heart Disease Risk Among African American Women

Cardiovascular diseases, including heart disease and stroke, are the leading causes of death among women and disproportionately affect African American women. By changing personal behaviors, women can reduce their risk. Collaboration between two rural communities—Uniontown and York—and the University of Alabama at Birmingham's Center for Health Promotion resulted in grassroots efforts to inform women of their risk and help them become non-smokers, be physically active, and cook heart-healthy meals.

The Health Issue

Cardiovascular diseases accounted for 38% of deaths in Alabama in 1995. Equally costly to individual lives are the hospitalizations and disability these diseases cause. The risk for heart disease is two times higher for smokers than nonsmokers and for people who are inactive rather than physically active. Risk is also increased for people who are obese, have high blood pressure, or have high cholesterol.

The Response

Under the Center for Health Promotion's leadership, community accomplishments were numerous:

- Surveyed 618 residents about their perceived risk for heart disease, sources of health information, folk practices, and barriers to health care.
- Trained 33 women as community health advisors.
- Created a cookbook of favorite recipes modified for heart health and encouraged low-fat meals at church dinners.

- Facilitated development of a food stamp program for purchasing fresh produce at local farmer's markets.
- Facilitated walking groups as well as nutrition and exercise activities specifically for senior citizens.
- Renovated an exercise room in the Community Life Center.
- Organized smoke-free days and made free nicotine patches available.
- Broadcasted educational and health promotion messages on local radio and cable television stations.

The classes reached more than 300 residents, while health fairs, fun walks, and blood pressure checks attracted more than 500 participants. Surveys are assessing changes in women's knowledge, attitudes, beliefs, and behaviors.

Meeting America's Goals

This research responds to national objectives set by the U.S. Department of Health and Human Services.

More Information

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This work is a product of CDC's health promotion network reaching communities nationwide.

Prevention Research Centers

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The Prevention Research Centers acknowledge the Association of Schools of Public Health for its commitment and support.

For both heart disease and stroke, the death rate is higher—by 33% and 83%, respectively—for African American women than white women.



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Hispanic women help Make Chronic Disease Screening Routine on the U.S. Border

Of the 11 million people living on the U.S.-Mexico border, about 3 million lack health insurance, which limits their access to health care—including chronic disease screening. Hispanic women in this region are at a higher risk for many chronic diseases than are non-Hispanic white women in other U.S. regions. On the Arizona-Mexico border, Hispanic women have joined the Southwest Center for Community Health Promotion and its partners in making low-cost screening for four chronic diseases a routine part of a single clinic visit for women age 50 or older, regardless of their ability to pay.

The Health Issue

Routine screening for heart disease, diabetes, and breast and cervical cancer is recommended for all women, but those beyond the childbearing years tend not to seek routine care. Hispanic women are among the least likely to receive screening tests, and the strongest predictor of not receiving these tests is lack of insurance. Screening followed by appropriate care and counseling can reduce the risk for illness, disability, and premature death for many chronic diseases.

The Response

The Southwest Center for Community Health Promotion at the University of Arizona Health Sciences Center is building on the state's Well Woman Health Check Program for breast and cervical cancer and working with local community coalitions to

- Survey health care providers and women in the region about barriers to chronic disease screening.

- Find out what proportion of women along the Arizona-Mexico border have been screened as recommended.
- Identify risk factors for chronic diseases specific to the border community and screen at least 600 women.
- Train community health workers to promote screening and do some tests themselves.

With partner organizations, the Center is building local capacity:

- Train local health professionals in prevention research.
- Expand the screening project to similar communities.
- Help community health coalitions do self-evaluation.

Meeting America's Goals

This research responds to national objectives set by the U.S. Department of Health and Human Services.

More Information

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Hispanic women on the U.S.-Mexico border are living at high risk for heart disease, diabetes, and breast and cervical cancer.



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a Korean American community strives to **Increase Breast and Cervical Cancer Screening**

When detected and treated early, many cancers can be prevented or cured. But differences in cancer survival are found by race or ethnicity, and these differences may result from socioeconomic factors affecting access to and early use of health care. The University of California at Berkeley's Center for Family and Community Health collaborated with the Asian Health Services, a community health center, and invited a Korean American community to educate its women about the benefits of screening for breast and cervical cancer and help these women receive recommended screening.

The Health Issue

Little is known about the health status, access to health care, and disease prevention practices in many ethnic communities. Many immigrants do not speak English well enough to use English-language health information and services. Consequently, some residents may not follow health recommendations that can save their lives. A survey of Korean American women in California's Alameda and Santa Clara Counties showed that only half of those aged 50 years or older had ever had a mammogram and only one-fourth had had one in the past year. Only about half of all the Korean American women had had a Pap test in the past three years.

The Response

With guidance from a Korean Community Advisory Board, the Center for Family and Community Health and the Asian Health Services

- Recruited Korean American community health workers to encourage their peers to be checked for breast and cervical cancer.
- Held workshops on women's health in Korean American churches.
- Distributed Korean-language educational materials about breast and cervical cancer.
- Disseminated health promotion and disease prevention information through Korean newspapers, radio, and television.

The project involved the local Korean American community in exploring its overall health status. The infrastructure for community health put in place can outlast the project and inform health efforts in other communities of Asians and Pacific Islanders.

Meeting America's Goals

This research responds to national objectives set by the U.S. Department of Health and Human Services.

More Information

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**Center for Family and
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University of California at Berkeley
School of Public Health

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**In a two-county area of California, less than half of
Korean American women were being checked as
recommended for breast and cervical cancer.**



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volunteer health workers in Berkeley

Provide Urgent Care to Uninsured People

In Berkeley, California, community clinics that provide medical care to people without insurance could not afford to take another uninsured patient. When local emergency departments reported not having anywhere to refer 2,400 uninsured patients a year for follow-up care, The Mayor's Task Force on the Uninsured included the University of California at Berkeley's Center for Family and Community Health in solving this critical problem. The result is a free, volunteer-staffed medical clinic that is a model for communities throughout the nation that face a similar challenge.

The Health Issue

People disadvantaged economically, educationally, and politically are at high risk for health problems. Yet people at such disadvantage often cannot afford health insurance or large out-of-pocket medical expenses. In many communities, the number of uninsured people needing health care exceeds the capacity of local services. National health objectives call for special attention to reducing—and finally eliminating—disparities among population groups of Americans.

The Response

The Mayor of Berkeley convened representatives from local health departments, primary care clinics, a medical association, political offices, community agencies and organizations, the university's student health service, and the Center for Family and Community Health.

With the Center's assistance, these experts

- Used data from the Current Population Survey to estimate the number of uninsured people in Berkeley: 9,300 residents aged 64 years or less in 1996.

Over 60% of uninsured people in Berkeley have a family income less than twice the federal poverty level.

- Developed a plan for a volunteer-run medical clinic to provide free urgent care to the uninsured.
- Submitted a grant proposal to the county's Medicaid managed care program.
- Secured space for the clinic from a local hospital and funding for a clinic coordinator.

The clinic sees 25 patients one evening each week and is opening on Saturdays. The Center is evaluating the clinic and will offer solutions for any problems found. An evaluation report, slated for widespread dissemination, may promote the creation of free urgent care clinics wherever they are needed.

Meeting America's Goals

This research responds to national objectives set by the U.S. Department of Health and Human Services.

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families with adolescents in Los Angeles County

Improve Parenting and Communication Skills

Community members in the Carson and Wilmington area of Los Angeles County, an ethnically and economically diverse area, ranked adolescents' health issues as high priority. Parents express concern about teenage sexual activity, substance use, and violence but are uncertain how much influence they have on their children. The UCLA/RAND Center for Adolescent Health Promotion and Disease Prevention is responding to these concerns by helping parents develop their communication skills and increase their involvement in their adolescents' lives.

The Health Issue

By the time they graduate, more than half of high school seniors have used illicit drugs. Homicide is the second-leading cause of death for people age 15 to 24. About 3 million cases of sexually transmitted diseases and 1 million pregnancies occur among adolescents each year. Parents and communities want to protect their youths from these risks, and a national objective is to increase the proportion of youths who discuss sexual behavior, substance use, and safety with family members. But parents may lack the information and skills they need to communicate with their adolescents.

The Response

The Center is working with local health and education agencies to

- Explore needs through interviews and focus groups with parents and adolescents.
- Design workshops on adolescent health risks, communication skills, and parenting skills.
- Deliver workshops through schools, worksites, and community centers.
- Share information with local agencies and community groups.

Adolescents are at risk for dangerous behaviors that threaten their health and long-term prospects.

The Center and its partners seek to

- Increase the number of parents who discuss key issues with their adolescents.
- Improve the quality of conversations by educating parents about listening skills, use of teachable moments, and other communication techniques.
- Build support among parents for tackling potential problems.

These workshops can form the basis of a program exportable to other communities to better equip parents to satisfy the yearning for adult attention and guidance adolescents reveal in survey after survey.

Meeting America's Goals

This research responds to national objectives set by the U.S. Department of Health and Human Services.

More Information

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Residents of Central Harlem urge retailers to **Stop Illegal Tobacco Sales to Minors**

About 80% of adult smokers say they started smoking before age 18—the legal age for sale of tobacco products. Stopping minors' use of tobacco is the best way to keep future generations tobacco-free. In Harlem, residents are supporting the Harlem Center for Health Promotion and Disease Prevention in finding ways to keep their youths smoke-free. Results have been clear: laying down the law by imposing fines on retailers who sell tobacco to minors substantially decreases such sales.

The Health Issue

The younger people are when they start smoking, the more likely they are to become addicted to nicotine and the longer they are likely to smoke. Laws in all 50 states prohibit the sale of tobacco products to minors, but these laws are rarely enforced. Individual cigarettes available at 15 to 25 cents each can make it easy for children who have little money to buy cigarettes. Such access concerns the Harlem community, where deaths from smoking-related causes, such as heart disease and cancer among adults, are already high.

The Response

The Harlem Center for Health Promotion and Disease Prevention at Columbia University's Mailman School of Public Health is sharing in community action:

- Recruited students and staff supervisors from a local school district to

attempt purchase of cigarettes and find out how many local retailers were breaking the law.

- Partnered with the New York City Department of Consumer Affairs, which served a citation on and explained the law to a subset of the violators.
- Called on members of Heart of Harlem, a community organization, to educate another subset of violators about the law, offer educational literature, and answer questions.
- Resurveyed the violators to evaluate the effect of these interventions.

At a press conference, residents and local media learned that sales had declined by more than half among stores that were fined.

Meeting America's Goals

This research responds to national objectives set by the U.S. Department of Health and Human Services.

Students are more likely to buy cigarettes in a store than they are to borrow them, have someone else buy them, steal them, or get them from a vending machine.

More Information

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community groups in the San Luis Valley want to **Prevent Obesity Among Children**

Obesity is associated with many health problems, including diabetes, heart disease, and high blood pressure. Good nutrition and physical activity habits that begin in childhood and are practiced through adulthood can prevent obesity. A community coalition in the San Luis Valley, which spans Colorado's poorest counties, has volunteered to help the Rocky Mountain Prevention Research Center find new ways to encourage healthy habits early in life.

The Health Issue

Poor nutrition and not enough physical activity put both children and adults at risk for obesity. But meeting health objectives can be especially hard for people in poor, rural communities, where family work schedules and a lack of facilities, for example, make it hard to practice healthy habits. By involving families in building new dietary habits and physical activity patterns, both children and adults can benefit.

The Response

The Center is taking the lead in bringing schools, community resources, and three generations of family members together to build an environment that supports healthy habits.

- Partner with educators and professional staff at the local elementary school.
- Hire and train a resource teacher for classroom activities on nutrition and physical activity.
- Consult with community partners to identify untapped resources and develop new ones for physical activity.
- Train parent volunteers to conduct lunchtime lessons on healthy eating with small groups of children.

**In the San Luis
Valley, about 40% of
adults are obese.**

- Train teenagers from the Boys and Girls Club to mentor elementary school children about diet and physical activity.
- Train lay health facilitators to visit with families and help them find healthful new ways suited to their family.

The Center is making sure efforts are effective:

- Measure children's height and weight, lunchroom habits, activity levels, and other characteristics.
- Involve anthropologists in learning how families form unhealthy habits and can change those habits.
- Work with specialists in evaluation to create a plan for measuring effect.

Meeting America's Goals

This research responds to national objectives set by the U.S. Department of Health and Human Services.

More Information

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educators in Boston's middle schools **Improve Nutrition and Physical Activity Among Urban Youths**

Only about one in five youngsters has the recommended five fruits and vegetables a day, and for many young people, fats make up more than 30% of their calories a day. About 40% of youths watch five or more hours of television a day, and by twelfth grade, only about 15% of students meet recommendations for physical activity. These habits put young people at risk for obesity. The Harvard Prevention Research Center is collaborating with public schools in several concerned communities to launch *Planet Health*, a curriculum that helps youths learn how physical activity and good nutrition can be part of their daily lives.

The Health Issue

Childhood obesity can continue into adulthood and increase the risk for heart disease, some forms of cancer, diabetes, and other diseases. About half of American adults are overweight, and poor diet and inactivity account for 300,000 deaths a year. By learning about and learning how to practice healthful habits, future generations can avoid unnecessary illness and premature death.

The Response

Using a grant from the National Institutes of Health, the Harvard Prevention Research Center created a curriculum that integrates health messages into physical activity sessions and into lessons in social studies, science, language arts, and math. Now the Center is working with Boston Public Schools to

- Identify urban middle schools that can pilot *Planet Health*.
- Build an advisory board that involves school personnel.
- Provide materials and training to the classroom teachers who will deliver the lessons.

**Obesity among
American youths
more than doubled
from less than 5% in
1963 to 11% in 1994.**

To build on this pilot project, the Prevention Research Center will

- Monitor how well teachers implement the curriculum and check their end-of-year attitudes about it.
- Ask students to assess their nutrition and physical activity habits at the beginning and end of the school year.
- Revise the lesson content to respond to evaluation results.

Meeting America's Goals

This research responds to national objectives set by the U.S. Department of Health and Human Services.

More Information

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Latino youths in Chicago help Prevent and Control Diabetes in Latino Communities

Sixteen million Americans have diabetes, and the disease is undiagnosed for another 5 million or more. When diabetes is untreated, complications can become severe: end-stage renal disease, blindness, and lower-extremity amputation. Latinos are twice as likely as non-Hispanic whites to develop diabetes, and for one of three Latinos with diabetes, the disease goes undiagnosed. The University of Illinois Prevention Research Center is encouraging Latino youths in Chicago's Greater Lawn community—an ethnically diverse, underserved area—to carry the message of diabetes prevention and control to their extended families, friends, and neighbors.

The Health Issue

Risks associated with diabetes include family history of diabetes, high blood pressure, poor diet, and inactivity. People can reduce some of these risks, and if they know they have diabetes, reduce their risk for complications and a shortened life. Education about diabetes, including information about community and self-help resources, is essential to managing the disease and its complications. Such education must be tailored to the language and culture of the people at risk.

The Response

The Prevention Research Center has joined with Chicago's Southwest Youth Collaborative to

- Design an in-school program about diabetes prevention.
- Develop leadership skills among youths who can carry diabetes prevention messages to their communities.
- Teach teenaged and adult residents to be peer educators about diabetes.

- Give health care providers, community leaders, and residents educational materials, guidelines, and management strategies to improve diabetes prevention and control.

The work in progress takes steps toward developing the youth collaborative's capacity to identify and improve health conditions on Chicago's southwest side.

- Increase community awareness of diabetes as a preventable, controllable disease.
- Involve residents in diabetes education, prevention, and control activities.
- Develop a model strategy for community health promotion.
- Explore other health issues to which the model can be applied.

Meeting America's Goals

This research responds to national objectives set by the U.S. Department of Health and Human Services.

More Information

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**In Chicago, 30% of Latino families have
a history of diabetes.**



service agencies in Maryland collaborate to **Assess HIV Risk for Adolescents in Group Homes and Shelters**

Nearly one-fifth of AIDS cases are among young adults, many of whom are likely to have been infected during their teen years. Youths who run away from home, who are homeless, or who live on the streets, in group homes, or at shelters are at high risk for HIV infection. Several agencies in Maryland are joining with the Center for Adolescent Health Promotion and Disease Prevention at The Johns Hopkins School of Hygiene and Public Health to find out about the behavioral risks of these young people and how to help them.

The Health Issue

In-school youths are routinely asked about their health behaviors through the Youth Risk Behavior Survey, but information about out-of-home youths is scant. Many of these youths lack family support, live in poverty, and are exposed to physical and emotional abuse, drug abuse, and unsafe sexual behaviors. The level of risk for HIV infection is not known for these youths because information is lacking about their behaviors. National health objectives require that disease prevention and health promotion be available to all Americans and that data sources be created when needed to assess the need for and progress in providing such services.

The Response

The Maryland AIDS Administration, the Montgomery County Department of Health and Human Services, the National Network for Youth, and youth group homes and shelters in Maryland are working with the Center to

- Conduct focus groups with youths 14 to 21 years old living in group homes and shelters to find out about their risk for HIV.

**Out-of-home youths
are among the
populations at greatest
risk for HIV infection.**

- Develop an HIV risk behavior survey that accounts for the experiences and behaviors of out-of-home youths.
- Test the survey among 20 youths in group homes and shelters, and revise it based on feedback.
- Survey all youths in group homes and shelters throughout Maryland.

After analyzing the data, the collaborators can

- Share results with group homes, shelters, state agencies, and national organizations.
- Encourage the development of outreach programs to address the health issues identified by the survey.
- Make recommendations for policies and programs that can help out-of-home youths in many states.

Meeting America's Goals

This research responds to national objectives set by the U.S. Department of Health and Human Services.

More Information

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fathers and sons in Michigan explore ways to **Protect Young African American Men From Health Risks**

Adolescents who smoke, use drugs, have sexual intercourse, or engage in violent behavior are at risk for injury, disease, and early death. When fathers—even those not living in the same household as their children—are involved with their children, these youths may make healthy choices. The University of Michigan School of Public Health's Center for Community Collaboration in Public Health Research is working with community organizations in Flint, Michigan—an economically depressed, industrial area—and the African American fathers and sons they reach to strengthen the father-son relationship and protect young men from health risks.

The Health Issue

Proportionately fewer adolescent blacks than whites use alcohol or tobacco, but black youths are still at risk for these and other unhealthy behaviors. For example, inner-city black youths are more likely than their white counterparts to be victims of violence. African American males engage in sexual intercourse earlier than do males of other races or ethnicities, which increases their risk for HIV infection and other sexually transmitted diseases. Different approaches may be needed to prevent or reduce health risks among young men.

The Response

The University of Michigan School of Public Health, the local health department, and community-based organizations are working to

- Create a steering committee representing 15 organizations serving the

local African American community.

- Invite fathers not living with their sons to join their sons in designing programs for their peers.
- Identify resources, such as churches, through which programs can be delivered.

The partners' initial goals are to build fathers' communication and parenting skills, offer sons information and guidance, and reinforce ethnic identity through a rite of passage ceremony and community identity through community service projects. This model can promote school achievement; reduce substance use, physical fighting, and weapon carrying; and discourage early sexual intercourse.

Meeting America's Goals

This research responds to national objectives set by the U.S. Department of Health and Human Services.

Among male adolescents, blacks are at greater risk than whites for intentional injury, HIV infection, and behaviors that increase the chance for chronic diseases later in life.

More Information

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communities in urban Atlanta want to **Reduce HIV Risk Among African American Women**

Of all U.S. subgroups, African American women are at the highest risk for HIV infection and AIDS. Many women with HIV infection are partners of men who inject drugs, but the rate of infection is growing the fastest among women with heterosexual partners who do not inject drugs. The Center for Public Health Practice at the Morehouse School of Medicine is working with a community coalition in Atlanta, Georgia, in seeking a community of African American women and neighborhood health workers who can lend their knowledge to best practices for reducing risk among these women.

The Health Issue

Some racial and ethnic populations are disproportionately affected by the HIV epidemic. In Georgia, African Americans make up less than 30% of the total population but 60% of persons with HIV infection or AIDS. In particular, the rate of HIV infection is increasing among African American women 17 to 44 years old. Plans for the prevention and control of HIV must take into account the local characteristics of the epidemic and the community resources available to help the people at risk.

The Response

The Center for Public Health Practice and an Atlanta community coalition are working to

- Invite 220 women from each of two Atlanta neighborhoods to help develop an HIV prevention model.
- Create a prevention team that includes community health workers who are neighborhood residents.
- Train team members in cultural, ethnic, and gender issues specific to African American women 17 to 44 years old.

**AIDS is the
leading cause of
death among African
American women
25 to 44 years old.**

- Ask the women about their HIV knowledge, attitudes, and beliefs by using surveys and small group discussion.
- Conduct a prevention program and contrast its effect between participants and nonparticipants.
- Develop a model program that can be replicated by laypersons in other communities.

Meeting America's Goals

This research responds to national objectives set by the U.S. Department of Health and Human Services.

More Information

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Prevention Research Centers

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The Prevention Research Centers acknowledge the Association of Schools of Public Health for its commitment and support.



the communities of Minneapolis and St. Paul seek to **Reduce Adolescents' Risk for Pregnancy**

Young teenagers who have babies are likely to drop out of school, to be single parents, and to be at great risk of having another child within two years. Their babies are likely to live in poverty, to be in poor health, to fall behind their peers in school, and to have behavioral problems. In the Twin Cities area, representatives of school- and community-based youth-serving clinics, a community advisory network, and the University of Minnesota have created *Prime Time*, a model program to reduce unintended pregnancy among teenage girls 13 to 17 years old.

The Health Issue

Early childbearing puts both teenage mothers and their babies at risk for unfavorable health and socioeconomic consequences. In the United States, about 97 of every 1,000 young women 15 to 19 years old become pregnant. This pregnancy rate is more than twice the rate in Great Britain and Canada and three times that in Japan. In Minnesota, the overall rate is not much over the national objective (50 pregnancies for every 1,000 females aged 15-17 years), but the rate for young African American women in this age group soars at 215, the highest rate in the country.

The Response

Under the leadership of the University of Minnesota's Teen Pregnancy Prevention Center, three clinics in the Twin Cities area have invited teenage girls who seek a pregnancy test and test negative to participate in reducing their subsequent risk for pregnancy until they are ready to be mothers.

- Counsel teenagers about connecting with their personal goals, families, schools, and communities.
- Help teenagers be motivated to

**In Minnesota, 215
of every 1,000 African
American women 15
to 17 years old
become pregnant.**

avoid unintended pregnancy.

- Train and employ teenagers as peer health educators.
- Connect teenagers with caring adults on the clinic staffs.

Prime Time has already reaped successes:

- Developed and tested the peer health education training program.
- Involved teenagers from the community as advisors on consent forms and the overall program design.
- Helped teenagers develop individual talents, learn about reproductive health, and become active in their schools.

Meeting America's Goals

This research responds to national objectives set by the U.S. Department of Health and Human Services.

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UNIVERSITY OF MINNESOTA

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American Indian communities Support Elders in Modeling Good Health for Youths

Elders, acknowledged by American Indian societies as leaders and teachers, are role models for younger generations. Although Title VI of the Older Americans Act provides a grant program to help tribal organizations deliver social and health promotion services to elders, such programs often suffer from insufficient funds, and few are relevant to American Indian cultures. Now one tribal organization is working with the Indian Health Service, tribal health boards, tribal senior citizens advisory boards, and the University of New Mexico Prevention Research Center to make health promotion activities available to elders.

The Health Issue

In one southwest American Indian tribe, 20% of men and 30% of women reported no physical activity in the previous month. In a recent survey, American Indian elders were found lacking in recommended daily intake of vitamins and minerals, fruits, vegetables, and dairy products, and 61% of women over age 60 were overweight. Many American Indian elders are at risk for heart disease, diabetes, and other chronic diseases. National health objectives strive to increase the proportion of older adults who participate in health promotion programs through community facilities that serve older adults.

The Response

The partner agencies and organizations are working to

- Train health care professionals and community members in nutrition and physical activity programs

relevant to the communities in which they work.

- Extend nutrition education to increase American Indian elders' consumption of whole grains, fruits, and vegetables.
- Offer physical activity programs to elders taught by tribal community members.
- Increase opportunities for intergenerational activities.
- Develop a resource guide to help community groups and professionals refer elders at high risk for disease to appropriate sources of care.

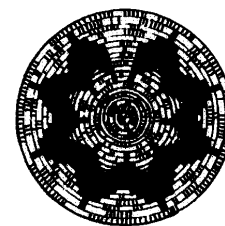
The program respects the tribal culture, and attention is given to how to modify programs for use among diverse service providers and tribal groups.

Meeting America's Goals

This research responds to national objectives set by the U.S. Department of Health and Human Services.

More Information

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Center for Health Promotion
and Disease Prevention
UNM

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In the last 10 years, deaths from heart disease have decreased in the general U.S. population but increased in some American Indian tribes.

Prevention
Works!

public health professionals Learn the Best Methods to Prevent Tobacco Use

Tobacco use is the leading preventable cause of death in the United States, but about one-fourth of the U.S. population smokes. People start or continue to smoke for different reasons, and no single strategy can solve this health problem. At the Tobacco Use Prevention Summer Institute—now in its fifth year—offered by the Center for Health Promotion and Disease Prevention, University of North Carolina at Chapel Hill, public health professionals learn an array of methods to reduce or prevent tobacco use in a diverse population.

The Health Issue

Heart disease, lung disease, and many types of cancers, are just three health conditions associated with tobacco use, yet many adults continue to smoke, and about half of eighth graders say they have smoked. To help reduce tobacco use, public health professionals need up-to-date information about who smokes and why, how to address cessation, influences such as advertising on tobacco use, prohibiting tobacco sales to minors, and ways to affect cultural norms—such as worksite smoking policies and clean indoor air laws.

The Response

The Center for Health Promotion and Disease Prevention is collaborating with CDC's Office on Smoking and Health to create a cadre of public health professionals well-trained in the best strategies for tobacco use reduction and prevention.

- Offer an annual training program at different U.S. sites to make best practices widely accessible.
- Refine and update an interactive curriculum to reflect the latest research results and policies.
- Attract the best tobacco control experts as teachers and speakers.
- Share reference materials and case studies of successful programs.
- Evaluate and modify courses to reflect participants' feedback and experiences.

In 1998, 238 public health professionals from 47 states, the District of Columbia, and three foreign countries attended the Institute, and 16 instructors and 71 guest faculty contributed their expertise.

Meeting America's Goals

This research responds to national objectives set by the U.S. Department of Health and Human Services.

More Information

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In the United States, tobacco use causes more than 400,000 deaths each year.



Prevention
Works!

women in blue-collar jobs Promote Health Among Women in the Workplace

More than 85% of adults spend much of their day at the workplace, which makes it an excellent place to promote good health. Few worksite health promotion and disease prevention programs are designed for women in blue-collar or manufacturing jobs. The Center for Health Promotion and Disease Prevention at the University of North Carolina at Chapel Hill is working with small textile, apparel, and light-manufacturing companies to design and deliver health promotion programs suitable for their female employees.

The Health Issue

National health objectives extend to the workplace—for example, increase the proportion of worksites that prohibit on-site smoking, offer physical activity programs, and conduct nutrition education programs for employees. Employers, especially small companies, need guidance on how to use limited resources to have a positive effect on their employees' lives.

The Response

The Center invited nine small companies in eastern North Carolina to offer wellness programs for their women workers. The health experts worked with employee teams and

- Used surveys and focus groups to collect input from female employees about their health needs, concerns, and priorities.
- Created personal health magazines and distributed them to more than 850 women.

- Trained more than 100 women workers as lay health advisors who offer health education and social support to their co-workers.
- Used lay health advisors to deliver information and skills on healthy eating, exercise, smoking cessation, and cancer prevention.
- Engaged participants, worksite leaders, and community advisors in sharing health messages with their families and communities.

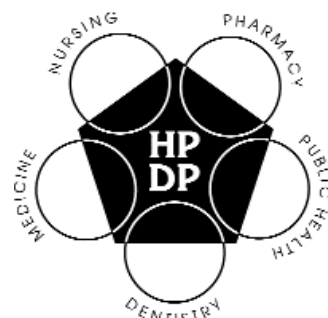
Evaluation showed highly motivated participants who had improved their nutrition and exercise. Now 12 more companies in neighboring counties are joining the effort.

Meeting America's Goals

This research responds to national objectives set by the U.S. Department of Health and Human Services.

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Women in low-income jobs may overlook their own health and jeopardize their capacity to be caretakers for their family.

Encourage Physical Activity and Healthy Eating Among American Indian Youths

Diabetes, which has long been prevalent among American Indian adults, has become increasingly common among their children. Obesity, one condition that increases the risk for diabetes, can be controlled by physical activity and healthy eating—habits that have other health benefits as well. In Oklahoma, the Apache, Caddo, Comanche, Delaware, Fort Sill Apache, Kiowa, and Wichita tribes are collaborating with the Native American Prevention Research Center at the University of Oklahoma College of Public Health in bringing HIKES—Healthy Indian Kids Exercise Study—into their communities.

The Health Issue

Many researchers and clinicians say that type 2 diabetes is reaching near epidemic proportions in many American Indian communities. Obesity, which often begins in childhood, contributes to this high incidence of diabetes. The increase in obesity among American Indians in the last 50 years has paralleled an increasing rate of diabetes. Good nutrition and physical activity can help control obesity.

The Response

The Seven Tribes of Southwest Oklahoma invited the Native American Prevention Research Center to help reduce their children's risk for diabetes and other chronic diseases.

- Enlist support for HIKES from community members.
- Engage physical education teachers in gaining children's participation and sharing results.

- Measure children's height and weight to determine their body mass index and allow later evaluation of effects.
- Negotiate the use of school athletic facilities for after-school hours.
- Supervise after-school free play and team sports.
- Educate children on making healthy food choices, especially for snacks.

At one site, up to 30 children are regularly engaging in physical activity four days a week. Parents' awareness of diabetes in children has increased, and other communities are asking about comparable programs. Now HIKES is expanding to the Chickasaw Nation and other sites in southwest Oklahoma.

Meeting America's Goals

This research responds to national objectives set by the U.S. Department of Health and Human Services.

More Information

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In two southwest Oklahoma elementary schools, more than a third of American Indian children are overweight—twice the prevalence for other children in the same community.



people in southeast Missouri Increase Physical Activity by Building Walking Trails

Being physically inactive puts people at risk for chronic disease, yet many Americans do not get the recommended 30 minutes or more of moderate activity on most days of the week. Some people lack access to a safe area suitable for exercise. The Saint Louis University Prevention Research Center aided coalitions in southeast Missouri in constructing community walking trails, which resulted in increased activity among residents.

The Health Issue

People who do not get enough physical activity are at risk for heart disease, hypertension, diabetes, some cancers, osteoporosis, and other chronic diseases. In fact, an estimated 250,000 deaths each year are attributed to physical inactivity. Despite the known benefits, many Americans do not engage in regular physical activity, and many factors—such as physical ability, personal beliefs, and the physical environment—influence behavior. One national health objective is to increase community access to physical activity and fitness facilities—for example, one walking or biking trail mile for every 10,000 people.

The Response

Working together, community coalitions, the Missouri Department of Health, and the Saint Louis University Prevention Research Center

- Determined communities' needs for an environment conducive to physical activity.

- Planned and constructed 13 community walking trails.
- Interviewed community members on the trails to find out whether they increased residents' physical activity.
- Surveyed community members by telephone to evaluate whether the trails increased physical activity.

Results were promising:

- 45% of the people surveyed said they are now walking for exercise.
- 55% of the people interviewed said they are walking more since they began using the trail.
- 37% of the people surveyed said they now have access to walking trails in their area.

Meeting America's Goals

This research responds to national objectives set by the U.S. Department of Health and Human Services.

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**SAINT LOUIS UNIVERSITY
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**In rural southeast Missouri, about 61%
of adults said they were inactive.**



a community coalition in South Carolina strives to **Make Physical Activity Easy to Achieve**

Only about 17% of people in South Carolina are regularly active. To create active communities, concerned citizens and public health professionals need new skills and expert advice. The University of South Carolina Prevention Research Center is collaborating with the local health department and a community health coalition in Sumter County, South Carolina, to help form policies and environments that can support residents who want to make physical activity part of their daily lives.

The Health Issue

One national health objective is to reduce to no more than 15% the proportion of people who do not engage in physical activity, but in South Carolina, about 30% of people are inactive. A physical environment that includes sidewalks, bicycle lanes, or community walking trails can support physical activity. Policies—such as flextime for employee exercise during the workday—may need to be standard for physical activity to be routine.

The Response

The Wateree Health District of the South Carolina Department of Health and Environmental Control and the Santee Healthy People 2000 Coalition joined the Center in a long-term commitment to helping residents start and sustain physical activity.

- Place a full-time health educator in the community.
- Interview community leaders about the community's assets, needs, and values.

- Inventory physical activity programs offered by organizations, associations, and churches.
- Conduct windshield tours and walkability audits to assess community resources (sidewalks, streetlights, parks) and supports (safety supports, traffic flow).
- Develop collaborative strategies for promoting physical activity and improving existing programs.
- Train community teams in transportation planning, how to build trails, and culture-specific approaches to health.

This work brings together citizens from recreation, police, economic development, county planning, hospitals, schools, local media, military, transit authority, chamber of commerce, churches, and local organizations.

Meeting America's Goals

This research responds to national objectives set by the U.S. Department of Health and Human Services.

In South Carolina in 1996, insufficient physical activity was responsible for almost 2,000 deaths, more than 10,000 hospitalizations, and \$157 million in hospital charges.

More Information

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Prevention
Works!

the Sarasota, Florida, community wants to **Discourage Youths From Starting to Smoke and Drink**

Twelve years old is the average age at which young people first drink beer and smoke their first cigarette. A coalition of professional and lay leaders in Sarasota looked at local health problems and saw adolescent smoking and drinking as health behaviors it would like to change. By working with the Florida Prevention Center at the University of South Florida, the coalition is assessing whether a model for involving the community in social change can be applied to this problem, sustained, and then brought to bear on other health and social issues of concern.

The Health Issue

More than 5 million children living today will die prematurely because of their decision as adolescents to smoke cigarettes, and reducing smoking initiation is a national priority. Getting people not to start smoking and drinking is easier than getting them to stop. But peer pressure, advertising, social norms, and other influences encourage smoking and drinking at an early age. A new approach to behavior change—community-based prevention marketing—may help communities protect their children from these health risks.

The Response

Collaboration between the local university, the local health department, and community programs has yielded results in how to approach adolescents' health risk behaviors.

- Ensure diverse community participation in developing local health objectives and how to address them.

- Teach community members social marketing theories and techniques.
- Train local high school students to lead focus groups and conduct surveys about why youths smoke.
- Ask local youths how to prevent smoking and drinking initiation among their peers.
- Use input from local youths in designing an antismoking and antidrinking campaign and testing messages.

This prevention program is building local capacity in disease prevention and health promotion that can be sustained. The community is testing whether this model in social change is effective and can be generalized across communities and for different health behaviors.

Meeting America's Goals

This research responds to national objectives set by the U.S. Department of Health and Human Services.

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In Sarasota, more than two thirds of youths in grades 9 and 11 say they have tried smoking, and one third say they have had their first drink.



Prevention
Works!

people in New Orleans seek to **Prevent Lead Poisoning Among Children**

When young children are exposed to lead in paint, dust, or soil, they can get a concentration of lead in their blood that is harmful. If the concentration is high enough, these children are at risk for growth and developmental delays. In New Orleans, residents are joining with the Tulane University Environmental Diseases Prevention Research Center to meet a national health objective: reduce the prevalence of elevated blood lead levels among black children in low-income inner cities.

The Health Issue

Children's blood levels are measured during health screenings, and a concentration greater than 10 µg/dL is known to put children at risk. Nationwide, less than 9% of all children under six years old have an elevated blood lead level, but among black children this age who live in poor urban areas, the percentage is more than 28. Progress in reducing this problem lags behind that achieved for other children.

The Response

Under the leadership of the Prevention Research Center, a community in Orleans Parish is developing low-cost, low-technology ways to

- Reduce the exposure to lead in the environment.
- Increase the amount of calcium and iron-rich foods in the children's diets.
- Teach parents and caretakers how to prevent lead poisoning.

In addition, the Prevention Research Center is working to

- Teach residents trained in lead poisoning prevention to teach their neighbors how to reduce exposure for their children.

**In Orleans Parish,
38% of children less
than 6 years old have
an elevated blood
lead level.**

- Provide Welfare-to-Work job training and certification in lead investigation for six neighborhood residents.
- Increase the number of children in New Orleans screened for lead poisoning.
- Create a model program to identify inner-city children at risk and test the effectiveness and feasibility of the program.

The outcomes of this project can form the basis of a problem-solving policy to reduce lead poisoning among children in Louisiana and elsewhere.

Meeting America's Goals

This research responds to national objectives set by the U.S. Department of Health and Human Services.

More Information

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Teach Elementary School Children Healthy Habits for Life

CATCH—the Child and Adolescent Trial for Cardiovascular Health—has been proven effective in improving nutrition and physical activity in children and sustaining these behaviors for three years. This is good news for school administrators, nurses, and teachers who want to instill healthy habits in young people. Researchers from the Center for Health Promotion Research and Development at the University of Texas Health Science Center, School of Public Health, who helped develop the CATCH curriculum, are now working with educators to get CATCH into schools statewide.

The Health Issue

The rate of decline in heart disease deaths has slowed. Prevention of tobacco use, poor nutrition, and insufficient physical activity can help prevent cardiovascular disease. But unhealthy habits leading to poor health conditions are often formed early in life and extend into adulthood. For example, about 21% of children and adolescents are obese and therefore at risk of developing heart disease, cancer, and diabetes. Prevention must start at an early age.

The Response

CATCH includes components for physical education, classroom instruction, school food service, and family involvement. It is recommended by educators; meets state guidelines for health and physical education; is approved by the Texas State Board of Education; and is easy to use as a supplemental or stand-alone curriculum.

To extend the curriculum's success, the Prevention Research Center

- Explored why schools adopt some health curricula but not others.
- Identified barriers to the adoption of CATCH.

Cardiovascular disease,
which includes heart
disease and stroke,
causes more than 40%
of deaths in the United
States each year.

- Surveyed 200 schools across Texas that are using CATCH to learn how the decision was made.
- Developed and tested a CATCH dissemination plan in 1 of 20 Education Service Center Regions in Texas.
- Promoted CATCH by distributing a video, brochure, and “how to” information; calling selected opinion leaders; and offering a curriculum subsidy and free training.

In the first six months of promotion, several hundred schools adopted or are in the process of adopting CATCH.

Meeting America's Goals

This research responds to national objectives set by the U.S. Department of Health and Human Services.

More Information

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community service professionals in Seattle work to **Reduce Depression Among Older Adults**

As they age, senior adults may experience significant losses—for example, in family and health—and these losses may make older adults vulnerable to depression. Through PEARLS—Program to Encourage Active, Rewarding Lives for Seniors—social service agencies in Seattle have joined with the University of Washington's Northwest Prevention Effectiveness Center to design ways to help seniors find practical ways to enhance the quality of their lives.

The Health Issue

Depression affects 10% to 20% of people age 65 or older. The rate is even higher for older adults who are socially isolated, have a physical illness, have a low income, or are from a minority racial or ethnic group. Depression has a profound negative effect on the health, quality of life, independence, and longevity of this particularly valuable segment of the population.

The Response

PEARLS brings together the Northwest Prevention Effectiveness Center, Public Health—Seattle and King County, Aging and Disability Services, Senior Services, and the African American Elders Project to

- Teach community outreach workers, social workers, and case managers how to recognize symptoms of depression in seniors.
- Train social workers in problem-solving therapy for seniors.
- Engage seniors in learning practical skills—such as arranging for transportation and contacting friends—to increase pleasure in their lives.
- Provide an activity coordinator to help seniors set individual action goals.

In Seattle's King County, suicide was the ninth leading cause of death.

- Encourage social and physical activity among seniors to help alleviate depressive symptoms.

While having a positive effect on the lives of individual seniors, the partners strive for broader goals:

- Increase the number of seniors seeking and receiving help for depression.
- Empower seniors to become more socially and physically active.
- Expand public awareness of the extent of depression in seniors.

Once PEARLS is evaluated and refined, its methods can be shared with other agencies wanting to improve the health, functioning, and quality of life of older adults.

Meeting America's Goals

This research responds to national objectives set by the U.S. Department of Health and Human Services.

More Information

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**Northwest
Prevention Effectiveness
Center**

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senior centers in Seattle promote activity to **Prevent Disability and Falls in Older Adults**

Even in later life, changing certain risk behaviors into healthy ones can improve health and reduce the likelihood of disability. Not enough physical activity is one risk for such disability. Older adults in Seattle participated in WISE—Wellness Intervention Study in the Elderly—a program of the University of Washington's Northwest Prevention Effectiveness Center designed to help seniors exercise, eat well, and take care of their health and thereby preserve their independence.

The Health Issue

Although health problems such as osteoporosis and arthritis are not common causes of death, they have a significant effect on the quality of life of older adults. A national objective is to reduce the proportion of people age 65 or older who have difficulty performing two or more personal care activities, which threatens their independence. Improvements in nutrition can enhance the health of older people, and physical activity is a key ingredient to healthy aging. Hip fracture alone, which can result from inactivity and inadequate diet, increases the risk for loss of independence and costly nursing home placement.

The Response

By working with senior centers, the Northwest Prevention Effectiveness Center helped

- Start programs at community facilities to reduce older adults' risks for disability.

- Train exercise leaders to teach classes incorporating warm-up, endurance, weights, balance, and stretching.
- Teach older adults about nutrition, home safety, depression, medication use, smoking, alcohol abuse, and hypertension.
- Offer skills and resources to enable older adults to make exercise and healthy eating part of their everyday lives.

In addition, the Center plans to

- Test WISE by exploring its effects 18 months later.
- Help the community extend the physical activity programs to additional settings.
- Enhance WISE so that it has components for all older adults, regardless of their initial health status.

Meeting America's Goals

This research responds to national objectives set by the U.S. Department of Health and Human Services.

More Information

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Northwest
Prevention Effectiveness
Center

This work is a product of CDC's health promotion network reaching communities nationwide.

Prevention Research Centers

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The Prevention Research Centers acknowledge the Association of Schools of Public Health for its commitment and support.

Less than 20% of older adults get the recommended 30 minutes of moderate activity a day on at least five days a week.



teenagers, teachers, and other professionals help **Develop a Teen Smoking Cessation Program That Works**

While many efforts to keep youths from smoking are successful, nearly 3,000 young people under age 18 become regular smokers every day. Adolescents in poor, rural areas are at greater risk than their peers for smoking. Many adolescents who smoke want to quit, but few programs are known to help them. The Prevention Research Center at the West Virginia University School of Medicine worked with teenagers, teachers, and other professionals to develop a teen smoking cessation program. Nearly one-third of the youths who completed the program quit smoking.

The Health Issue

Youths who smoke often have respiratory illness and decreased physical fitness. Adolescent smoking is also associated with alcohol and drug abuse, violence, suicide, stress, depression, and high-risk sexual behaviors. Many youths who smoke will continue smoking into adulthood and increase their risk for heart disease, stroke, and cancer. Few programs have been developed to help adolescents—particularly underserved youths—stop smoking.

The Response

By collaborating with youths, state and local health and education departments, the American Lung Association (ALA), and other health-related agencies, the Center created Not on Tobacco, or N-O-T.

- Held focus groups with youths in West Virginia schools to find out what influences their decision to smoke.

- Developed a curriculum covering motivation to quit, nicotine addiction, family and peer pressure, and other issues.
- Suggested ideal characteristics of facilitators and worked with the ALA to develop facilitator training.
- Delivered the program to 163 youths age 14 to 19 in West Virginia and Florida to test initial feasibility.
- Found the quit rate significantly better for participants than nonparticipants.
- Assessed whether sex, race, and smoking history, or other variables predict smoking cessation or reduction.
- Revised the curriculum in response to evaluation results.

N-O-T has been adopted by the ALA as its national teen smoking cessation program.

Meeting America's Goals

This research responds to national objectives set by the U.S. Department of Health and Human Services.

More Information

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Nearly 42% of high school students in West Virginia use tobacco, and about 24% are frequent cigarette smokers.



Residents of Connecticut seek to **Motivate Women to Reduce Their Heart Disease Risk**

Surveys show that women underestimate their risk for heart disease—long-viewed as “a man’s disease,” not a women’s health issue. But each year, more than half of all deaths from cardiovascular diseases, which include heart disease and stroke, occur in women. In the Lower Naugatuck Valley, a diverse community in southern Connecticut, more than one third of women die of heart disease. Now women in the area are volunteering for the Yale-Griffin Prevention Research Center’s study of how to motivate women at risk to change behaviors that can save their lives.

The Health Issue

Risks for heart disease include smoking, high cholesterol, high blood pressure, overweight, and physical inactivity. Early recognition of risks has the potential to reduce or postpone disability or death. But people may underestimate the effect of risks that do not cause immediate symptoms. Screening women for risks, informing them about heart disease, and encouraging changes in their behaviors can put a stop to cardiovascular disease as the nation’s leading killer.

The Response

Using guidance from a community advisory board, the Center invited postmenopausal women at risk for heart disease to be counseled about reducing their risk.

- Check participants’ blood pressure, heart rate, weight, diabetes status, cholesterol level, and other heart health risks.
- Randomly select a subset of the women for CAT scan imaging,

which reveals calcification in the arteries that blocks blood flow to the heart.

- Give each woman a written report of results and counsel her individually about a healthy diet, exercise, smoking cessation, use of appropriate drugs, and other health behaviors.
- Share the CAT scan images with the subset of women.
- Reevaluate participants to find out whether those who saw an image of their risk were more motivated than the other women to follow the advice.
- Assess the cost of both approaches.

The study is done by community action teams that involve faculty, community representatives, health department staff, hospital staff, and medical students in the women’s health.

Meeting America’s Goals

This research responds to national objectives set by the U.S. Department of Health and Human Services.

More Information

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**In Connecticut’s Lower Naugatuck Valley,
deaths caused by heart disease are about 10%
higher than in the rest of the state.**

